

## Public Submission Cover Sheet

Please complete this sheet and submit with any attachments to the Sustainable Health Review Secretariat

### Your Personal Details

*This information will be used only for contacting you in relation to this submission*

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### Publication of Submissions

*Please note all Public Submissions will be published unless otherwise selected below*

- I do not want my submission published
- I would like my submission to be published but remain anonymous

### Submission Guidance

**You are encouraged to address the following question:**

**In the context of the Sustainable Health Review Terms of Reference listed below, what is needed to develop a more sustainable, patient centred health system in WA?**

- Leveraging existing investment in Primary, Secondary and Tertiary healthcare, as well as new initiatives to improve patient centred service delivery, pathways and transition;
- The mix of services provided across the system, including gaps in service provision, sub-acute, step-down, community and other out-of-hospital services across WA to deliver care in the most appropriate setting and to maximise health outcomes and value to the public;
- Ways to encourage and drive digital innovation, the use of new technology, research and data to support patient centred care and improved performance;
- Opportunities to drive partnerships across sectors and all levels of government to reduce duplication and to deliver integrated and coordinated care;
- Ways to drive improvements in safety and quality for patients, value and financial sustainability, including cost drivers, allocative and technical efficiencies;
- The key enablers of new efficiencies and change, including, research, productivity, teaching and training, culture, leadership development, procurement and improved performance monitoring;
- Any further opportunities concerning patient centred service delivery and the sustainability of the WA health system.

### Submissions Response Field

*Please type your response into the field below. Alternatively you may provide your submissions as a separate attachment (Suggested Maximum 5 pages).*

*What is needed to develop a more sustainable, patient centred health system in WA?*

A more sustainable, patient centred health system can be developed in WA through ongoing support for programs that have demonstrated the delivery of cost effective healthcare, with significant impact on patients on waitlists for tertiary outpatient clinics.

Highly skilled Allied Health staff can be used to decrease the load on medical staff in outpatient clinics and allow for utilisation of medical resources in areas of high acuity and complexity.

The **tertiary paediatric orthopaedic outpatient clinic services at Princess Margaret Hospital (PMH)** experienced a 58% increase in referrals over the 5 year period 2008/9-2012/13. In response to this a Physiotherapy Orthopaedic Assessment Clinic (POAC) was developed, trialled and operated by a senior physiotherapist between February 2011- July 2013. This was funded by a translational research grant from the PMH Foundation.

#### Rationale for the POAC service

Not all referrals to a paediatric orthopaedic outpatient clinic require a tertiary level surgical opinion. For example, children are referred to orthopaedic outpatient clinics with variants of normal development such as in-toeing, flat feet and bow legs where simple review and reassurance for parents is all that is required. Oldmeadow et al. (2007) and similar studies have identified that up to 70% of patients seen in orthopaedic clinics do not require review by orthopaedic surgeons. Daker-White et al (1999) also identified that physiotherapists were as effective as post fellowship junior orthopaedic surgeons with these patients and generated lower initial direct costs.

#### Results of the POAC service

The POAC clinic saw on average 22 patients per fortnight (2 clinics per week). This is a similar patient review rate to the registrar and consultant for a Priority 3 clinic run during the same time period as the trial POAC. Costing of staff for 0.2 FTE (on costs 24% added) for comparison in 2017 is:

Senior Physiotherapist P3.2	\$29,116
Senior Registrar year 2	\$41,502
Consultant year 4	\$79,423

The most significant outcome in this pilot study was a reduction in waitlist time for Priority 3 patients. After 6 months post commencement of the POAC, 185 patients were reviewed and waitlist time for Orthopaedic Priority 3 patients decreased from 309 days to 20 days.

Other outcomes during the program included:

- Priority 3 clinics run by medical staff reduced in frequency in response to demand being met by the POAC clinics.

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- Priority 1 referrals increased 23% without an increase in waitlist time.
- Priority 2 referrals increased by 39.3% with only a 45 day increase in average waitlist time.
- The maintenance of priority 1 and minimal impact on priority 2 waiting times with increasing referral numbers was in part a reflection of the increased availability of registrar time as a consequence of the POAC clinic managing priority 3 referrals.
- Junior registrars and medical officers requiring training in the management of non-complex orthopaedic patients were still exposed to training in a monthly consultant Priority 3 clinic.

### Patient Outcomes

The key patient outcomes included:

- 73% of patients did not require any further follow up and
- only 17% required Orthopaedic Consultant review.
- DNA rate for Priority 3 patients reduced from 20.3% in 2010 to 7.5% in 2012.

The clinic was governed by the processes in place for the orthopaedic outpatient clinics and the Physiotherapy Department, PMH. No clinical incidents were recorded or consumer complaints received in the 2.5 years program duration.

### Future funding and service delivery changes

Despite demonstrating positive financial and patient outcomes, funding was not able to be secured for this service to continue.

Since the cessation of this service, wait times have increased again for category 3 patients. Current activity dashboards demonstrate that median waiting from days from referral to 1<sup>st</sup> scheduled appointment) are within range for Category 1 at 8 days (<30 days) and Category 2 at 46 days (<90 days). However the median waiting time for Category 3 patients has been >365 days for 7 of the last 12 months. Currently the median waiting time for category 3 patients is 595 days.

In 2017 the orthopaedic department at PMH runs one Category 3 clinic every 4 weeks. This is staffed by two consultants and two registrars with approximately 45 new cases booked in. Most consultants are currently between 6-12 months behind in their follow-up appointments resulting in no capacity for Category 3 referrals to be seen in regular Orthopaedic consultant clinics. There is not enough consultant FTE to increase the number of Category 3 clinics.

We seek 0.2FTE HSU P3.2 funding to recommence the Physiotherapy Orthopaedic Assessment Clinics, with its proved efficiencies, and positive patient outcomes.